

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-020018

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2520

STATE FILE NUMBER

VS 300
Rev. 4/59

1
2 3468
3
4 10
5 2
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7 1
8 2
9 049
10 45
11 123
12 50-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

Osborne L. Cooke
Lyle B. Cooke
William Cooke
Sally Cooke
Lyle B. Cooke

M. B. Casebolt MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Mem. Hospital		d. STREET ADDRESS (If outside, give location) 3734 Wyoming	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Osborne L. Cooke Middle Cooke Last Cooke		4. DATE OF DEATH Month 4 Day 30 Year 63	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-18-74
9. AGE (last birthday) 88		IF UNDER 1 YEAR IF UNDER 24 HR Months 88 Days 88 Hours 88 Min. 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY Drug Co.	11. BIRTHPLACE (City and state or country) Clinton, Kentucky
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME William Cooke	
13b. MOTHER'S MAIDEN NAME Mary Osborne Burnham		14. NAME OF HUSBAND OR WIFE Sally Cooke (dec-1961)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no)		16. SOCIAL SECURITY NO. Lyle B. Cooke, 637 W 58terr. KC Mo.	
17. INFORMANT Cooke		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concussion of brain DUE TO (b) Chy. hepatitis DUE TO (c) Chr. heart disease		INTERVAL BETWEEN ONSET AND DEATH 6 weeks 6 weeks 6 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fell at home. Head injury		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4 a.m. 4 p.m. Month, Day, Year 4-30-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City, Kansas	
21. I attended the deceased from 3-16-63 to 4-30-63 and last saw her alive on 4-30-63 Death occurred at 4-30-63 m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M. B. Casebolt M.D.	
22b. ADDRESS 4000 Bellvue X-e 746		22c. DATE SIGNED 4-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5-1-63	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Gibson & Son, Kansas City, Kansas		25. DATE RECD. BY LOCAL REG. 4-30-63	
26. REGISTRAR'S SIGNATURE R with Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

wa 1-5115

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Philip L. Simon

Licensed Embalmer No.

3135

P. O. Address

Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.